



NOTIFICATION OF EMERGENCY WORK IN RIGHT OF WAY ONLY*

HCHD Form1018

Hamilton County Highway Department
1717 E. Pleasant Street
Noblesville, IN.. 46060
Ph:(317)773-7770 Fax:(317)776-9814

Instructions:

1. Emergency Cut : A situation where there is an immediate need to perform repair work on an existing utility service which has been interrupted or damaged and where the failure to perform such work would result in an immediate danger to life or property.
2. Notify a Hamilton County Permit Inspector as soon as possible.
3. Emergency during non-work hours, a faxed notification must be made to the Hamilton County Highway Department as soon as possible on form 1018.
4. A regular permit and fee must be filed with the Hamilton County Highway Department within 72 hours of the time the work is begun in an emergency situation.
5. Any work completed as emergency work which does not meet the definition of emergency as set out in this section is a violation.

Applicant's Name		Applicant's Internal Control #		Applicant's Status (Must mark one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Mailing Address				
City	State	Zip Code		
Contact Person		Phone #	Fax #	
Project Location (Must be described in reference to centerlines of streets in feet)				
Why this is a emergency cut?				
I hereby certify that I have the authority to bind the above named applicant and owner of the facilities being repaired under this permit to the terms, conditions and requirements of this emergency permit. I have received a copy of the code, read and fully understand all requirements of Hamilton County Code Title 8, Article 17, Chapter 3, Section 2 concerning the permit and construction process and requirements. I also certify that I, the applicant and all persons performing the work authorized by this permit understand all requirements of the above referenced code and will abide by all of their requirements and conditions. The applicant and I agree to pay all attorney's fee, court costs and other damages or costs incurred by Hamilton County in enforcing the terms of this permit, enforcing the County Code or which are a result of litigation incurred by the County as a result of this permit. The applicant, the owner of facilities being repaired under this permit and I understand that in the event Hamilton County determines that any facilities installed under this permit need to be repaired, relocated or removed from the rights-of-way, that the owner or any subsequent owner of the facilities agrees to maintain, relocated or remove these facilities in a timely manner at no cost to Hamilton County or its successors. The applicant and I agree that the commencement of work covered by this permit will serve as our acceptance of all terms, conditions and requirements of the approved permit.				
Signature			Date	
Print Name			Title	

NOTICE:

A copy of this permit will be submitted to the Hamilton County Surveyor's Office for review.

→ Work in a regulated drain easement may require a permit. ←

Applicant should contact the Surveyor's Office prior to work beginning construction if work is in a regulated drain easement.

Verbal permission given by:

Permit Inspector: _____ Date: _____ Time: _____